

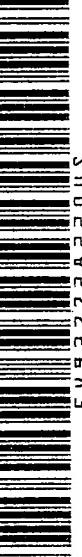


**EXPRESS  
MAIL**

UNITED STATES POSTAL SERVICE®



H01



EV937728220US



EV937728220US

**ORIGIN (POSTAL SERVICE USE ONLY)**

|  |   |  |
|--|---|--|
| PO ZIP Code                                  | Day of Delivery   | Postage                                  |
|  | <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | \$                                       |
| Scheduled Date of Delivery                   |   | Return Receipt Fee                       |
| Month  | Day   | COD Fee                                  |
| Mo.  | Day   | Insurance                                |
| Scheduled Time of Delivery                   |   | \$                                       |
| Mo.  | Day   | \$                                       |
| Time Accepted                                | AM  | 3 PM                                     |
|  | <input type="checkbox"/> Noon   | <input type="checkbox"/> 3 PM            |
|  | <input type="checkbox"/> PM   |  |
| Flat Rate <input type="checkbox"/> or Weight |   | 2nd Day <input type="checkbox"/> 3rd Day |
| Int'l Alpha Country Code                     |   | Acceptance Emp. Initials                 |
| Ibs.   | OZS.  |  |

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

TO: (PLEASE PRINT)

PHONE (      ) \_\_\_\_\_



The  
Ex

FOR PICKUP OR TRACKING: Visit **WWW.USPS.COM** or Call 1-800-222-1811

only



UNITED STATES POSTAL SERVICE®

**CORPORATE ACCOUNT**

POSTAGE AND FEES PAID  
Label 10  
May 2004

**DOMESTIC US**

[www.usps.com](http://www.usps.com)

**Addressee Copy**  
Label 11-F, April 2004



**Post Office To Addressee**

|  |                  |     |  |
|--|------------------|-----|--|
| USPS UNITED STATES POSTAL SERVICE®<br>DELIVERY (POSTAL SERVICE USE ONLY) | Delivery Attempt | Tim | <input type="checkbox"/> AM Employee Signature _____ |
|  |                  |     | <input type="checkbox"/> PM _____                    |
| JUN 21 2007  | Delivery Attempt | Tim | <input type="checkbox"/> AM Employee Signature _____ |
| No.  | Day              | No. | <input type="checkbox"/> PM _____                    |
| Mo.  | Day              | Mo. | <input type="checkbox"/> AM Employee Signature _____ |
| DATE   | Mo.              | Mo. | <input type="checkbox"/> PM _____                    |
| Mo.  | Day              | Mo. | <input type="checkbox"/> AM Employee Signature _____ |
| USPS MAIL CENTER   | Mo.              | Mo. | <input type="checkbox"/> PM _____                    |

ope.

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